DEPARTMENT OF SPECIAL SERVICES TOWNSHIP OF UNION PUBLIC SCHOOLS M-E-M-O-R-A-N-D-U-M

TO:

Pat Ditri

From:

Kim Conti

Re:

Board Agenda Items

Date:

January 2, 2014

Please place the following on the board agenda:

The committee recommends and I so move that approval be given to Mountain Lakes Public School (Lake Drive Program) to provide Complete Audiologic Assessments at the the rate of \$600.00 per evaluation. Children under the age 5 or those who demonstrate developmental delays and /or cognitive limitations will require the use of a second audiologist for testing. When necessary, these evaluations will incur an additional fee of \$150.00, for the 2013-2014 school year, not to exceed \$3,000.00 (11-000-219-320-01-19)

f you have any question Audiologica will be conta	ns about the following services, plo Support Services - will be provided cted as per the determination of ser	ase do not hesitate to contr ed by our Audiologist. Aft vices. Services will be bi	nct us. for reviewing the requested documents, you fled thru an invoice at the time of service.
# of h. (Please soled\$160\$320. The followire - Audiogra Audiologic - Reviewire - Training - Assisting	the option of receiving or not recome the control of per hour (No Report Requested) of per hour (Report Requested) and items must also be attached to the copy of the students IEP on (must be within the last 12 montrol of all Support Services may include: grecords and making recommendation a School Nurses on appropriate school districts with management to staff regarding the proper care, to staff regarding the proper care, to the control of the proper care, to the control of the proper care, the control of the control of the care	eiving a written report) is request: • Make and the period) • Make and the period of the period o	iasp
Complete	Audiological Tesing Modification	earing Aid(s) casures ditional emphasis on Educate is for Special Populations:	Word Recognition Testing Immittance Testing PM System Check Real Ear Measures ational Implications and Interventions necessary
	all parties. A three hour minimu # of hrs. @ \$160.00 per ho • Hearing aid use, care and mair • Cochlear implants	m charge will be billed thr or (3 hour minimum requir tenance • Use of • Assisti	the FM in the classroom we technology
•	E		tudent, please do not hesitate to contact us to
Request Made By	· breathand and a second		Date:
Director of Specia	d Services Signature:	11/2	
			cturn by mail or fax to (973) 299-9405